BIBLIOGRAPHICAL NOTICES.

ART. XVIII.—*Transactions of American Medical Societies.*

1. *Transactions of the Medical Society of the State of New York, at its Annual Session of* 1858. 8vo. pp. 655. Albany, 1858.
2. *Proceedings of the Sixty-Sixth Annual Convention of the Connecticut Medical Society, May,* 1858. 8vo. pp. 120. Hartford, 1858.
3. *Transactions of the Twelfth Annual Meeting of the Ohio State Medical Society, held in the City of Sandusky, June,* 1857. 8vo. pp. 226. Sandusky, 1857.
4. *The Transactions of the Belmont Medical Society,* for 1856-57. 12mo. pp. 70. Bridgeport, Ohio, 1858.

1. THE *Transactions* of the Medical Society of the State of New York, at its Session of 1858, embrace a series of able, interesting, and valuable papers.

The annual address of the president, Dr. AUGUSTUS WILLARD, was on the subject of air, exercise, and sunlight. The absolute necessity of a constant and ample supply of free, pure air, of a proper temperature and moisture, of a regular and adequate amount of active, out-door, muscular exercise, and of daily and free exposure to solar light, as three of the most important of the hygienic agents, upon whose agency intimately depend the enjoyment of health, the extension of existence, the increase of animal and mental comfort, and the certain prophylaxis of disease, is ably enforced by Dr. W. He especially dwells on the importance of sunlight to health as the subject the least understood and appreciated. The particular effects and the peculiar influence of the light of the sun upon the animal system are not, it is very certain, sufficiently recognized by the community generally, notwithstanding there is good reason for believing that, in the preservation of health, and in the prevention of disease, it exerts an amount of influence which can scarcely be estimated.

"A particular and most prominent effect," Dr. W. remarks, "of the long polar night, upon the human economy is the peculiar paleness of the skin. It is undoubtedly a true anæmia, and must, without hesitation, be attributed to the absence of sunlight. We need not, however, travel to the arctic circle to find sufficient evidence that an anæmic state of the system may be, and is produced by the absence of sunlight—that diffused daylight is not sufficient to keep up the health and strength of the system—that, in short, the direct rays of the sun are indispensable to a perfectly healthy condition of the body. Persons who have been imprisoned in dungeons where the light of the sun never enters, assume a decidedly anæmic appearance—the inmates of our State prisons, who are mostly excluded from the direct rays of the sun, have a pale and exsanguine look, and become, in many instances, feeble and sickly, and not unfrequently die prematurely.

"It is undoubtedly true that a majority of the cases of anæmia which come under the observation of the physician, occur among those who are deprived, by some means, of the necessary influence of direct sunlight. It is a consequence of civilization, in this country at least, to condemn a certain class of citizens to an inactive in-door life. Fashion deprives 'the better part of creation' of sufficient exercise in the open air. True, they tell us that they take a daily promenade or a ride, but in the one case they are closely veiled, and in the other, the exercise is of a passive kind and in a covered carriage, and in both cases the direct rays of the sun are never suffered to touch upon the damask cheek, or play with the taper fingers, lest they should darken the roses upon the one, or sully the lilies upon the other. Perhaps it may be that a sufficient amount of exercise is taken in the twenty-four hours to answer the demands of the system were it properly employed. But a small part of it, however, is taken by sunlight, and that which is taken by artificial light can never become a substitute. The exercise may even be active, but the chemical influence of artificial light, if any it has, can never, by any process, be made to supply the place of the sun's chemical rays, and the chemical constitution of the body cannot, of course, under such circumstances, be perfect. The system must necessarily languish and falter, become pale and bloodless, and ultimately fall into a fitting condition for the advent of those thousand nameless ills which the spirit of modern civilization has conjured into existence. Extremes meet. The ills which the tyrant fashion has meted out to her followers with unsparing hand, are sown broadcast among those who are condemned, by poverty, or chance, or crime, to spend their days in confinement, in workshops, in poorhouses, in dark and sunless localities, situations where the 'perfumed bath of sunshine' can never be enjoyed. The same paleness and bloodlessness, the same tendencies to nameless disease, are to be found in their comfortless homes, as are observed among the pampered inmates of the stately and curtained palaces of the 'upper ten.'"

To the address of Dr. W., succeed biographical sketches of Drs. Sumner Ely, Thomas Spencer, and Henry Reynolds, deceased members of the New York State Medical Society.

Dr. Spencer spent the few closing years of his life in this city, where he died on the 30th of May, 1857, in the 59th year of his age. His general appearance impressed us with the belief that he was many years older.

The first of the scientific papers is one on anæsthesia, by PETER VAN BUREN, M. D. It is, in strict parlance, a somewhat elaborate account of the chemical history and anæsthetic properties of chloroform, with an inquiry into the influence its employment exerts upon the mortality of surgical operations and obstetric practice—its value as a remedy in various spasmodic and nervous affections—the extent to which anæsthesia may be safely carried, and the indications by which to determine when that limit has been reached, and the means to be employed when it is passed, and anæsthesia has been carried too far.

The paper is one of deep interest. Dr. Van Buren is a strong advocate for the induction of anæsthesia in surgical operations, and to assuage the pain of parturition; and he is decidedly in favour of chloroform as the anæsthetic agent. We cannot, he thinks, err in devoting our attention closely and patiently to the study of all that appertains to the properties and uses of this agent, which has, he remarks, become the principal and almost sole reliance for the production of anæsthesia when all other agents fail. It possesses, he affirms, powers, which, if properly applied, exert a salutary and controlling influence over several phases of disordered nervous action, without the necessity of its being carried to the extent of producing complete anæsthesia.

There is nothing particularly new in this paper of Dr. Van Buren. It presents, in a condensed and intelligible form, the general facts and arguments that have been adduced in favour of a resort to anæsthesia, in cases in which it is desirable to assuage pain or quiet disordered nervous and muscular action, with the precautions necessary in the use of the most powerful, prompt, and certain of the anæsthetic agents, chloroform, to insure its successful operation with entire safety to the patient.

The next paper is on "the use of amylene as an anæsthetic," by Dr. JOHN G. ORTON. The result of this gentleman's observations from personal researches in regard to this article as an anæsthetic, are as follows:—

"1. It is more rapid in the production of anæsthesia than either chloroform or ether.

"2. A much smaller quantity is required to effect abolition of sensation than of either chloroform or ether.

"3. Long-continued insensibility may be maintained without a loss of consciousness.

"4. The recovery from the state of anæsthesia is almost instantaneous.

"5. Profound coma has never supervened upon its administration.

"6. Neither vomiting nor coughing has occurred during or following its inhalation.

"7. The pulse and respiration are slightly increased in frequency.

"8. I have never witnessed any struggling or rigidity in any of my patients, while bringing them under the influence of the anæsthetic, as is frequently the case with chloroform and ether.

"9. Amylene should always be administered with the aid of an inhaler, which should be so arranged as to allow a large admixture of atmospheric air.

"10. Ordinarily, a patient will require about one fluidrachm of amylene per minute, to effect and maintain anæsthesia of the third degree of narcotism.

"11. The same care should be exercised in the selection of proper subjects for its administration, as in chloroform or ether, namely, absence of organic disease of the brain, lungs, or heart.

"12. With due precaution in its employment, which in fact should characterize the use of any of the anæsthetic agents, I regard amylene equally as safe as chloroform."

The failure which has heretofore attended the use of amylene in this country, Dr. Orton declares to have arisen solely from the fact that the article employed was a spurious one, and not amylene; one entirely destitute of anæsthetic properties.

"Cerebro-spinal meningitis," by Dr. D. G. Thomas. In this paper Dr. T. professes to present a general account of the etiology, pathology, and therapeutics of the disease; it having prevailed, as an epidemic, with a fearful ratio of mortality, in Central and Western New York, during the spring and winter of 1857.

Had the author confined himself to an exact history of cerebro-spinal meningitis as it presented itself during the epidemic just alluded to, with the nature and results of the treatment adopted for its control, he would have furnished a valuable addition to the materials necessary for a proper understanding of the etiology, nature, and management of one of the most malignant and uncontrollable of the acute affections the physician is called upon to treat.

In its present form, the paper of Dr. T. adds nothing to our previous stock of knowledge, and can scarcely be received as a full and comprehensive exposition of what is actually known in respect to the disease of which it treats.

The next paper, by Dr. J. V. Kendall, is on this same disease—or, as he terms it, "the brain fever," as it prevailed during the winter of 1857, in Onondaga and some other counties of New York.

The description of cerebro-spinal meningitis as given by Dr. K., is very full and clear, and well illustrated by the detailed history of a number of cases. In regard to treatment, the author remarks that venesection was practised in one case with a favourable result, but in no other case dared he resort to the remedy, on account of the evident tendency to rapid and fatal prostration which was invariably present.

Anodynes, even in large doses, seemed in the early stage to increase the watchfulness; but subsequently, and after an evacuation from the bowels had been procured, they often quelled that intense restlessness like a charm.

Cold applications to the head, in some cases, appeared to be pleasing to the patient, in other, and the majority of instances, warm fomentations, as hops steeped in warm water, applied to the scalp, with heat to the lower extremities, were productive of a good effect.

In cases in which the brain and spinal nerves had become, as it were, benumbed, much present benefit was derived from the application of several blisters to various parts of the surface, particularly upon the neck. When, in the first stage, the patient was semi-delirious and tossing about with pain, calomel, in large doses, was found to be the best remedy—a state of ease and quietness generally ensuing so soon as the calomel produced a free discharge from the bowels. In all stages of the disease, when the bowels are inert, procuring a free discharge of dark offensive stools by the administration of calomel, has the effect of rousing the patient from his state of stupor.

In the early stage of the disease, quinine was found to be utterly useless as a means of arresting its progress. Subsequently, however, to the first stage, when there were still much restlessness and wakefulness, its use, in full doses, sometimes induced perspiration and a state of calmness; still later in the disease, in smaller doses, it had some value as a tonic.

If the patient survive the first period of the attack, but sinks then into a state of indifference, according to Dr. K. nothing is left for the physician to do but merely to watch the progress of the case, and meet whatever symptoms arise with their appropriate remedies. On many days it will be apparent that the efforts of nature are doing as much for the patient without as they could with his assistance. Whatever treatment may be necessary during this stage, it must be of an alterative, stimulant, and tonic character.

There is still, though not in this connection, another paper in these *Transactions*, on cerebro-spinal meningitis; it is by Dr. T. H. Squire, who treats of the disease under the name of "congestive fever," giving as synonyms, pernicious, spotted, and brain fever, typhus petechialis, and its correct denomination, cerebro-spinal meningitis. Dr. Squire presents the history of forty-three cases of the disease, with a view to its faithful delineation in the most fatal form under which it prevailed, during the winter and spring of 1857, in Elmira and other villages of the State of New York. Most of the cases are given in detail, and furnish very interesting data for the study of the pathology of one of the most formidable of the acute affections of the nervous centres.

Of the forty-three cases reported by Dr. S., thirty-one were in males and twelve in females. Seven of the patients were between 1 and 2 years of age, seven between 4 and 5 years, eight between 5 and 10 years, five between 10 and 15 years, five between 15 and 20 years, four between 20 and 25 years, and seven between 30 and 41 years. Thus, as in most other epidemics of cerebro-spinal meningitis, children and young persons, especially boys, were by far the most frequent victims of the disease.

In regard to the duration of the disease in the 43 cases recorded by Dr. S., 2 terminated in two hours, 2 in four, 3 in six, 1 in seven, 4 in twelve, and 1 in sixteen hours; 5 terminated in one day, 5 in two, 6 in three, 3 in four, 4 in five, 1 in six, 1 in nine, and 1 in ten days; in 2 cases the disease continued for eight weeks, in 1 four months, and in 1 ten months.

The fatal cases only are reported by Dr. S. How many were attacked and recovered, he is unable to say. He has no doubt, however, that a number had the disease in a very mild form, and speedily recovered under treatment; but he thinks that the number of individuals who had violent headache, vomiting, jactitation, dilated pupils, local paralysis, or any well-marked evidence of effusion or even extreme congestion of the brain, and fully recovered, must have been very small.

The symptoms were very uniform in all the cases. A chill, headache, vomiting, prostration, morbid sensitiveness of the skin, jactitation, coldness of the surface, wildness of expression, dilated pupils, irregular breathing, paralyzed deglutition, wry neck, retraction of the head, dulness or abolition of the senses, pulse but little affected, bowels quiescent, petechiæ, delirium, convulsions, coma; many or all of these symptoms are present in every case. The diagnosis is therefore not difficult, especially when the disease is fully established.

The prognosis is extremely unfavourable. There is far more hope of avoiding the disease by prophylactic measures than of curing it when once established.

In respect to treatment, Dr. S. prefers, during the cold stage of the attack, the free use of brandy and other stimulants; but if the patient survive this period, and a severe paroxysm of fever sets in, with unmistakable evidence of cerebral congestion, he questions whether the lancet might not be admissible, or even judicious. It is a sad truth, however, that in the more formidable cases all treatment was found to be alike unavailing.

We now turn back to a report by Dr. B. Fordyce Baker, "On the Comparative Use of Ergot and the Forceps in Labour," or, to speak more exactly, a contrast of the indications which indicate the use of one of these agents, in aid of parturition, in preference to the other. The subject, which is an important one, is treated with great judgment; though, in the course of its discussion, Dr. B. has not, in reference to the proper use or abuse of either the ergot or the forceps, presented anything new.

He would, and, we think, very properly, restrict the use of the ergot to a very limited number of cases. The concourse of circumstances which warrant its use are seldom met with in those cases where it might prove advantageous. As a means of preventing hemorrhage in cases of prolonged labour, he speaks highly of its effects. To this end, he would administer the ergot immediately before delivery, when the head is on the perineum and about to be expelled. It is an effective agent, also, for the arrest of hemorrhage in cases of partial presentation of the placenta, and in cases of post-partum flooding, except when this occurs in women of a weak, delicate, lax fibre, characterized by pale countenance, spare limbs, slow and inefficient labour-pains, and feeble, though perhaps rapid, pulse. In such cases Dr. B. considers that the ergot should never be administered except in conjunction with opium, or until the exhausted powers of the nervous system have been restored by the use of opium.

As a remedy for retention of urine subsequent to delivery, Dr. B. has found the ergot so uniformly efficacious that, for some years, he has not had occasion to employ the catheter to empty the bladder. He usually gives it in the form of tincture, twenty drops for a dose, every half hour, until a free discharge of urine occurs.

After a brief sketch of the indications for the use of the forceps, and of the dangers attendant upon an improper and unskilful resort to them, Dr. B. remarks in conclusion:—

"I must state my conviction that the more enlarged is the clinical experience, and the more accurate the observation, the more rarely will the ergot be used before delivery; and, furthermore, that the fear of delay in labour will be greater than the apprehension from the use of forceps. McClintock and Hardy gave the ergot in the second stage, on account of inertia, in nineteen cases, after which it was necessary to deliver with one or both blades of the forceps. In ten of these cases the child was lost. The death of the child could not have resulted from the use of the instruments, and must have been due either to the ergot or the protracted labour."

The following case of fracture of the cervical vertebræ, proving fatal not until twenty days after the accident, is related by Drs. Van Dyke and Murdoch:—

A healthy young man, æt. 23 years, fell, June 10, 1857, through the hatchway of a mill, a distance of about 25 feet, and struck the back of his neck. During and immediately after the fall he was perfectly conscious. He complained of pain and immobility of the neck; had some difficulty in moving his arms, and no power of motion in the fingers. In his legs there was complete paralysis of sensation and motion; he had no power over the bladder. On repeated and careful examination of the spine, no fracture could be detected, and the case was supposed to be one of concussion of the spinal cord. The patient gradually improved up to the twentieth day after the accident; the pain and stiffness of the neck had disappeared so as to allow of his rolling his head freely and without pain from side to side; he had recovered the entire use of his arms and wrists, but the paralysis of the fingers still remained; perfect sensation returned in the legs, which were affected with occasional involuntary twitchings. The intellect was clear, the skin natural, the pulse regular, respiration easy, appetite good, sleep at night sound and tranquil, and the bowels, under the use of mild cathartics and enemata, had regained their regularity; the urine was also passed voluntarily.

Such was the condition of the patient when visited on the morning of July 1. At noon of the same day his medical attendants were summoned in haste, and were surprised to find him in a dying condition. He had been moved, a few minutes before, from the lounge on which he had been lying, to his bed, immediately after which he complained that his neck had been wrenched, and that he felt blind. He was almost pulseless, with cold skin and difficult respiration. Stimulants aroused him for a few minutes at a time, when he sank again, and within two hours after his removal he died, having lived twenty days from the time of the accident.

By a *post-mortem* examination it was ascertained that the fifth and sixth cervical vertebræ were fractured. The fifth through its laminæ on both sides, the fragment being so driven backwards as to encroach upon the spinal cord; there was also a portion broken off from its body. The sixth vertebra was also fractured through both its laminæ, but without displacement. The membranes of the cord were slightly injected with blood, but otherwise healthy. No effort at union was visible at the seat of fracture.

A short paper by Dr. Van Dyke comprises statistics of obstetric practice for the four years from February 20 to January 16, 1858. These statistics are valuable when compared with others, with the view to the deduction of general conclusions. In their isolated form they present no prominent points for comment.

A very interesting and valuable communication is presented by Dr. Alden March, on osseous union of intra-capsular fractures of the neck of the femur. It is in illustration and proof of the position assumed by the writer, namely, that, in opposition to the generally received opinion, complete fracture may occur within the capsular ligament, and be followed by union from ossific deposit, without impaction.

The next paper is by the same gentleman as the last; it is the history of a case of urinary calculi, especially interesting from the great age of the patient (87 years); the number of calculi; the dissimilarity in the chemical composition of the calculi spontaneously voided, and the larger and *outer* portion of that extracted by operation; the similarity or *identity* in chemical composition of the centre of the large calculus removed by operation and those passed spontaneously; and, finally, the happy result of the operation.

Both the foregoing papers are accompanied by well-executed engravings.

A report of the mortality of Brooklyn is communicated by Dr. Goodrich, and one containing some judicious remarks on the subject of the registration of births, marriages, and deaths, by Dr. F. B. Hough.

Dr. C. V. Barnett reports twenty-one cases of poisoning by arsenic, from absorption. These cases are the result of the external application of a mixture of arsenic and nitric acid, liberally applied with a swab by a charlatan, for the cure of cancer. The symptoms and phenomena were very similar in all these cases: paralysis, to a greater or less extent, of the upper and lower extremities, or prickling and numbness of the fingers and toes, or pain and distress of both extremities; constant intense thirst; burning pain of stomach, œsophagus, and throat; dryness and heat of mouth and throat; frequent retching, and vomiting of dark-coloured matter; frequent dark, fetid stools; pain and tenderness of abdomen; a frequent small pulse; great prostration of strength; haggard countenance; inability to sleep; extreme restlessness; occasionally headache, giddiness, dry, hacking cough, and swelling of the hands and feet.

All of the cases were treated by a very free exhibition of the hydrated peroxide of iron—large doses at short intervals.

The cases detailed by him, Dr. B. remarks, present conclusive evidence of the incorrectness of the opinion of Blackadder and others, that the injurious effects of arsenic, applied externally, result from its use in quantities so small as not to destroy quickly the organization of the part with, consequently, its power of absorption. In all of them the arsenic was applied in *large quantities*, and always in conjunction with the free use of nitric acid, which, of itself, was sufficient to destroy the organization of the part to which it was applied.

A case of accidental nigrites, in a female 16 years of age, the daughter of a respectable farmer, is related by Dr. W. H. Gardiner. When the patient was first seen by Dr. G., September 15, 1857, the discoloration of the skin had existed for about four years. She presented in the colour of the surface the appearance of a dark mulatto, with the distinctly marked features of a European. Her father was of English, her mother of American birth; both were of light complexion, with light-brown hair and light-coloured eyes. All their other children were of similar complexion, as had been also the patient up to her fourteenth year. Though not particularly robust, she had suffered but little from sickness; had never had the attendance of a physician but once, and that for measles. She had taken little or no medicine. Had regularly menstruated from the age of fourteen years, and without pain.

Soon after puberty some dark-brown spots were observed upon the forehead, which looked, at a little distance, as if covered with fine dust. These spots were not constant, nor did they attract much attention until they had been present about two years. At the age of sixteen she had a slight attack of illness, and it was now noticed that her complexion was rapidly growing darker, and within a month or two it had acquired its present hue. These statements were confirmed by her parents, other relatives, and several reliable friends.

The entire surface was found to be of the same dark hue. At a short distance she presented much the appearance of a white person who had been painted with a thin coating of lampblack, through which some appearance of the original hue of the surface was apparent; with here and there spots, from a few lines to a fourth of an inch in diameter, which were as black as the skin of the darkest African. On removing the cuticle from one of these spots without drawing blood, a portion of the pigment scraped upon the point of a lancet had much the colour and appearance of lampblack mixed with mucilage.

The hair of the patient had changed from its original brown to black, and become coarse and straight. Her eyes were light hazel, the whites presenting that pearly appearance so peculiar to the coloured races. Every portion of the exterior was free from the slightest icterode tint. She was thought by her friends to be darker on some days than others; an effect, probably, of difference of light. Her mind was active, and had evidently been cultivated with much care. Her manners were gentle and agreeable. She complained of no pain except, occasionally, of a slight uneasiness immediately under the right scapula, which was aggravated by fatigue. Her appetite was good—her digestion easy and regular. She was not emaciated; slept well, could lay without uneasiness on either side or upon the back; had no cough, no palpitation of, or unpleasant feeling about, the heart; tongue, pulse, and respiration healthy. No disease of any of the organs could be detected upon the most careful examination. She exhibited slight nervous irritability, and some evidence of general weakness; less, however, than might be supposed to result from the anxiety and chagrin she could not fail to experience from the consciousness of her very singular appearance.

Soon after the discoloration became evident a physician was consulted, who induced ptyalism, but with no benefit, or, as her friends think, with the effect of making her worse and darker. Excepting this, she had taken no medicine excepting some simple bitter teas prepared by her friends, and the decoction of some roots sent her by a German quack. A bath of nitro-muriatic acid and water was used by her once or twice, without any apparent effect.

On the 1st of October, on returning from a funeral, she was suddenly attacked with nausea, vomiting, and purging, which continued, with little intermission, over three days; she was then seen by Dr. Gardiner, who found her in bed, lying heavily on her back; her pulse too frequent to be counted, and barely perceptible at the wrist; tongue dry and slightly furred; some thirst; extremities and entire surface cold. A pill of camphor, opium and camphor, was prescribed, with brandy, and sinapisms to the extremities; by these the patient was apparently relieved. The vomiting ceased, and the surface became warmer and more natural. The same treatment was continued; another pill being directed at the end of six hours. At the end of eighteen hours, the vomiting and purging had not returned; extremities warmer; pulse still scarcely perceptible; surface covered with perspiration—death from exhaustion soon after ensued.

There follows next an address "on human longevity," being the annual address delivered before the medical society of Albany County, by Dr. S. H. FREEMAN. The circumstances which most affect human health and lengthen out or cut short man's career this side the grave, are subjects of deep interest to every class of the community. To prevent disease and decay, to promote strength, and to prevent the waste of vitality in the human frame, is a more easy, certain, and agreeable procedure than to cure disease and repair its ravages and waste when it has once occurred. The subject of hygiene is, however, one as vast almost as it is important. In the address before us we have a few hints in reference to it in one of its many aspects—scarcely, however, touching upon, much less developing fully, the subject.

Under the head of the "Vice-President's Address," we are presented with a most voluminous and interesting table, running through some two hundred and fifty-six pages, comprising carefully tabulated statistics of the private practice of Dr. THOMAS C. BRINSMADE, for the space of twenty-one years. The number of cases included in these tables is 37,872. Of these, 13,976 were zymotic; 1,047 constitutional; 19,883 local; 454 diseases of children; 1,328 diseases of women; 1,184 accidents; 157 unclassified diseases. Of the whole number of cases 15,731 were males, and 22,141 females. The greatest number of the cases, 11,022, occurred in summer; the next highest number, 9,454, in spring; the next highest number, 8,926, in winter; the smallest number, 8,470, in autumn. Dr. B. gives the ages of his patients from birth to one year, from one to five years, from five to ten years, and after that in decades. In the tables the number of cases of disease for each month of the year are arranged in separate columns, with the depth and number of rains, the prevailing winds, and the monthly mean of the thermometer, placed at the head of the columns.

The number of fatal cases recorded in these tables is 765, making the entire mortality a trifling fraction over two per cent. In reference to the mortality of particular diseases we find that the number of cases of *bronchitis* treated were 5,530, of which 7 proved fatal, or .001 per cent.; of *pneumonia*, 468, fatal 41, or .09 per cent.; of *croup*, 359, fatal 20, or .05 per cent.; of *scarlatina*, 585, fatal 37, or .06 per cent.; of *measles*, 459, fatal 3, or .007 per cent.; of *dysentery*, 809, fatal 27, or .03 per cent.; of *cholera infantum*, 392, fatal 48, or .12 per cent.; of *puerperal fever*, 2, fatal 1, or .50 per cent.; of *puerperal peritonitis*, 3, fatal 1, or .33 per cent.; of *puerperal convulsions*, 5, fatal 2, or .40 per cent.

The first of the tables of Dr. B. is designed to show the influence of the seasons on the miasmatic and pneumonic diseases.

"So far as heat is concerned, these two classes of disease are the direct antitheses of each other—the latter, the pneumonici, retiring as the vernal and summer heats increase—the former, the miasmatici, advancing or receding with the wave-tides of heat and humidity."

"In Table II. we have a striking exhibition of the influence of heat in developing the two miasmatic diseases, diarrhœa and cholera morbus, and its equally striking influence in diminishing the number of cases of the two great pneumonic diseases, bronchitis and pneumonia.

"An examination of the table will show that there has been, during the past twenty-one years, a constant increase in the number of cases of bronchitis, from January to March inclusive, though the range of the thermometer has been from 29° in January to 34° in March. Here is an apparent contradiction of our first deduction, that the number of cases of bronchitis lessened as the heat increased; but when we consider that February and March are the two most inclement months of the year, on account of the sudden and extreme variation of temperature, and the prevalence of high and long-continued winds, we find that sudden variations of temperature are more conducive to the disease than either long-continued heat or cold. But in May, when the thermometer has risen from an average of 34° in March to an average of 52°, we find the number of cases of bronchitis has diminished from 800, in March, to 520; and coincident therewith, we find an increase in the number of cases of diarrhœa from 125, in April, to 220. In June the thermometer indicates a mean temperature of 67°, an increase of 15° on the preceding month; and the number of cases of bronchitis has fallen from 520, in May, to 280, and the number of cases of diarrhœa has increased from 220 to 465. In July there is a further increase of heat of about 6°, and an increase in the number of cases of diarrhœa from 465 in the preceding month, to 1,120; and a coincident diminution of the number of cases of bronchitis from 280, in June, to 180 in July and August. This sudden increase in the miasmatic disease is to be attributed to the combined influences of long-continued heat and drought, and the prevalence of the south wind for the two and a half preceding months. With the decrease in the temperature in August, we have a decrease of 100 cases of diarrhœa; but it is not until October that the effects of the summer heats and winds have apparently exhausted themselves."

"In Table III., in which is presented a summary of all diseases treated during the twenty-one years, we find a constant increase in the number of cases treated from December to March inclusive, in which latter month is shown the effects of high winds and sudden and extreme variations of temperature in an increase of nearly 400 cases, chiefly pneumonici, over the number treated in the preceding month, and a decrease of 250 cases over the number treated in April. In June there is a slight decrease, but in July there is a sudden increase of 1,000 cases over 3,160 in June, caused entirely by the greater prevalence of the miasmatici referred to in the preceding table and context. From this time on the number of cases constantly decrease with the temperature, until the minimum number of cases is reached in November. The minimum of temperature is reached in January, and is signalized by an increase in the number of cases, chiefly pneumonici."

If every physician would keep accurate records of his practice, and arrange and publish them, say every five years, in the form of those presented in the volume before us, by Dr. Brinsmade, within a very short time we should be put in possession of the materials for the most reliable statistics on many important points connected with the history and etiology of disease. Full and excellent as are the tables of Dr. B., with a very little additional labour they could be made to embrace many important particulars which he has omitted.

The next paper of general interest is the history of a case of enormous diffused traumatic aneurism of the axilla in a man 57 years of age, from subcutaneous rupture of the artery caused by dislocation downwards of the head of the humerus, in which the subclavian was ligated; the operation being followed by repeated hemorrhage from the wound till the forty-first day subsequently; *finally, suppuration of the aneurismal tumour with hemorrhage occurred, with* final recovery, related by Dr. Reed B. Bontecou.

The interesting features of this case are thus summed up by Dr. B.

"The novel manner in which the aneurism was produced, its large dimensions, elevating the clavicle and rendering the operation difficult. First distinct pulsation in radial artery detected twelve days after the operation; separation of ligature on the ninth day after operation; secondary hemorrhage sixteen days after operation, and seven days after the separation of ligature. The repeated recurrence of hemorrhage during twenty-six days; extensive inflammation of the neck from pressure; the inefficacy of perchloride of iron as a styptic; the suppuration of the sac and hemorrhage from it; and the almost complete paralysis of sensibility and motion in the arm."

A description and delineation of Dr. Sims' uterine elevator follows, and then a description and delineation of Dr. Armsby's instrument for the radical cure of inguinal hernia, which closes the professional papers of the present volume.

In relation to Dr. Armsby's instrument its object is to introduce a single thread, as a seton, through the hernial sac and inguinal canal, with the view of inducing inflammation, adhesion, and occlusion of the sac and canal up to the internal inguinal ring.

A hollow curved metallic instrument, fixed in a handle, with a smooth rounded point, having an opening just below the point, is passed, after the reduction of the hernia, into the inguinal canal, so as to carry before it the skin of the scrotum and the hernial sac, as far as they can be made to go with ease. A properly formed needle, with an eye near its point, is passed into the instrument and made to project at the aperture near its end, and perforate the soft parts in front of the internal ring, when the needle is to be threaded and withdrawn. It will, of course, leave the thread or seton within the entire length of the sac and canal—one end coming out through the skin above and in front of the internal ring, and the other at the lower part of the scrotum. A truss is applied for a few hours; inflammation quickly ensues, which may, if necessary, be increased from time to time by moving the thread. The patient is to remain for at least one week in a recumbent position, and the seton is to remain from eight to twelve days.

2. The proceedings of the sixty-sixth annual convention of the *Connecticut Medical Society*, held May, 1858, present us, after the minutes of its proceedings, with the annual address of the president, Dr. Benjamin Hopkins Catlin. This is an able and manly production. Its leading theme is the nature, extent, object, and aim of legitimate medicine, and its claims upon the respect, con-

fidence, support, and protection of the community, for whose benefit its professors labor—for whose good they suffer—for whose defence from pestilence and death, and for whose succour in the season of sickness and suffering they are ever willing to forego ease and comfort, and to risk at the post of duty even life itself.

Several reports, chiefly of local interest, follow the address of Dr. Catlin. Among these, that of Dr. E. K. HUNT, in relation to the registration of births and deaths, showing the duty which physicians owe to themselves and the public, to aid in the accomplishment of such registration in the most complete and satisfactory manner; and pointing out the advantages they will derive from the facts developed by a full and correct registration, in their efforts to prevent disease, based upon the acquaintance they thus acquire of its favourite localities and subjects, its endemic causes, and of the circumstances connected with individuals, predisposing them to its occurrence. The short sanitary report of Hartford County, by Dr. A. W. BURROWS, will also be read with pleasure and profit.

The next paper is on "puerperal convulsions," by Dr. C. A. LINDSLEY. In this dissertation, while we meet with nothing absolutely new, the summary given by the author of the pathology and treatment of puerperal convulsions is marked by good sense and sound judgment. The subject, however, is not examined in all its length and breadth.

Dr. L. points out the radical error committed by our leading medical writers in locating the immediate cause of puerperal convulsions in the brain, when all modern investigations and observations go to establish the fact that the entire class of spasmodic and convulsive diseases belong to the spinal cord, the medulla oblongata, and tubercula quadrigemina. He denies that, as a general rule, the convulsions in this disease are dependent on encephalic engorgement and effusion; it being more than probable that both the engorgement, and the effusion into the ventricles, and between the membranes of the brain are results—consequences of the disease and not its cause. It is true, Dr. L. admits, that occasionally the reverse of this is true. If, during the violent exertions of the propulsive stage of labour, rupture of a bloodvessel occurs, giving occasion to effusion of blood, and, as a consequence of this, counterpressure upon the medulla oblongata ensues, convulsions may be the result of the accident; but, if in the course of a paroxysm of puerperal convulsions resulting from irritation of the os uteri, rupture of a bloodvessel with effusion of blood in the brain takes place, instead of being the cause, the rupture and effusion are in this case clearly the result of the disease. This is true whatever may be the relative extent of the effusion in the two cases, and though in both it should occupy the same locality.

The causes of puerperal convulsions, Dr. L. very correctly concludes, must be such as act immediately upon the spinal cord, the medulla oblongata, or tubercula quadrigemina, or which are transmitted to it from the extremities of the excito-motor nerves—centric or eccentric causes.

Dr. L. points to the fact of the almost invariable presence of albuminuria in cases of puerperal convulsions—the exceptional cases are so rare as to render the inference irresistible of a relation more or less intimate, of cause and effect, between the two facts—albuminuria and convulsions.

"Nor is the hypothesis, that the diminution of albumen in the blood and albuminuria are necessary conditions of eclampsia, at all inconsistent with the fact that seven-eighths of the cases of eclampsia have occurred in primiparous women. Because, in first pregnancies, the greater resistance of the abdominal parietes causes the uterus to be more strongly applied to the posterior walls of the abdomen, compressing the renal vein, causing congestion of the kidneys, obstructing the venous circulation, and forming a mechanical obstacle to the regular fulfilment of the functions of the neighbouring organs, and thus bringing about the very organic conditions most favourable to the production of albuminuria. So, also, women affected with rachitis are more liable to convulsions, because of their deformity and the limited space within the pelvis. The necessary compression which attends the development of the uterus disposes to the same result. Hence it would appear from the constant concurrence of albuminuria and eclampsia, that the altered state of the blood—which is a necessary consequence of long-continued albuminuria—is a direct irritant of the spinal axis, or, if not the sole excitant of the spasm, renders that organ more susceptible to the influences which reach it from other sources."

Speaking of bloodletting, which is the leading, almost the only remedy relied upon by medical writers for the relief of an attack of puerperal convulsions—and which, by many, is directed to be pushed to a most profuse extent—Dr. L. admits that, in the majority of cases, it is very strongly indicated, for the relief of the bloodvessels of the brain, as well as on account of its sedative action on the spinal system. He considers it curative so far as its effects upon the spinal cord are concerned, and preservative in reference to its effects upon the brain.

"In fulness of the vascular system, bloodletting, besides diminishing the impressibility of the *central* organ by rendering it less susceptible to incident irritation, relieves also the surcharged condition of the cerebral vessels, obviates partially the immense pressure to which those vessels are subjected during the fits, diminishes the danger of rupture and effusion, and removes the counterpressure from the medulla oblongata. It is because of these prompt and marked effects that the remedy has been so uniformly recommended and practised in all cases. But, while it is often a sufficient remedy for simple convulsions, depending on a turgid state of the circulation, great discrimination and careful judgment are requisite, not only in limiting it within safe bounds, and in detecting indications for other treatment, but also for determining whether in some cases it will not be injurious instead of curative. If bloodletting is indicated for the reasons which have been mentioned, it is perfectly evident that it is contraindicated, and would prove extremely dangerous, in cases where those reasons do not exist; that in delicate anæmic women, copious depletion would be an additional cause of convulsion, because, as has been shown, deficiency of blood is an irritant of spinal action. It is, however, too much the fact that the constant teaching of the books, combined with the absence of positive knowledge of the true seat and etiology of the disease, has led to the blind and indiscriminate routine of bleeding every poor patient perchance to—I had almost said to death—or perchance to life, as chance alone decides—the chief guide of practice being the continuation or cessation of the fits."

"To bleed is the rule, absolute and imperative—bleed, bleed—no matter what the condition of the patient. No effort is directed to discover any cause of spinal irritation, which should be removed; the patient has fits; therefore bleed her. No matter if the stomach is loaded with indigestible food, or the bowels with hardened feces. No matter if the bladder is distended to bursting. No matter what the state of the uterus, or what the condition of the vascular system, the rule is still arbitrary—bleed boldly and fearlessly. Now this is rank and rash empiricism, and in the present state of physiological knowledge, inexcusable. And yet, there can be no doubt that many practitioners, influenced by the teachings of the books, have carried depletion to a fatal excess, and even practised it when it ought to have been altogether avoided. It cannot be questioned that if carried beyond proper limits, bloodletting is itself a cause of convulsions."

"It would appear, then, that after the circulation is reduced, either by proper depletion, or from other causes, to somewhat below par, bloodletting acts no longer as a sedative, but becomes itself a most certain irritant of the spinal system. The *continuance* of convulsions, therefore, is not a reliable indication of further bleeding; but the state of the circulation in the interval of the fits, is the only proper criterion, regard being had to the different effects of an engorged and an empty state of the spinal vessels."

Based on the fact, pointed out by Dr. Marshall Hall, that in all cases of true convulsions the glottis is wholly or partially closed, causing an increase of both the cerebral and spinal congestion, and the several cases on record in which the simple excitation of a full inspiration has prevented the occurrence of a convulsive paroxysm, Dr. L. suggests the dashing of cold water in the face in cases in which puerperal convulsions are threatened. The sudden shock produced by this means, in consequence of its reflex action on the respiratory muscles produces an involuntary inspiration, thus opening the glottis and relieving the nervous centres from their state of congestion. Denman gives the history of a lady, whose every labour-pain was attended by a convulsion; but by sprinkling the face with cold water at the commencement of each uterine contraction, the convulsions were prevented, during the remainder of the labour. So simple a remedy can do no harm, and even if it does not prevent a convulsion it takes off a great amount of vascular pressure from the nervous centres, and lessens the amount of venous blood in the system every time it uncloses the glottis.

Dr. L. suggests, also, the application of cold water to the head. In a continued stream its application lessens the distended state of the cerebral circulation and relieves, thus, the counter pressure upon the intercranial portion of the spinal system. In the form of douche it would tend to excite an inspiration and thus dilate the glottis. When applied along the spine it should be continuous, because the intermittent application excites instead of allaying irritation.

Opium and its preparations have been vaunted by several writers as constituting a remedy of great efficacy in puerperal convulsions. Dr. L. considers the opium to be proper only after bleeding, or in cases attended with a state of exhaustion and anæmia—under such circumstances, it acts as a sedative, whereas, in patients of a plethoric and vigorous habit, it acts as a stimulant of the spinal cord.

In relation to the means adapted for the removal of the eccentric causes of puerperal convulsions, or those which affect the peripheral extremities of the incident excitor nerves, Dr. L. remarks:—

"Numerous instances attest the fact that large accumulations in the stomach or intestines, whether of food, or feces, or worms, or foreign bodies, excite the disease by the irritation they induce being transmitted to the central organ, thus giving rise to convulsions by reflex action. The removal of such offending substances is obviously demanded whenever they are found to exist. But the manner in which it should be accomplished is important. There can be but little difference between irritant drugs and irritant feces, and yet the most drastic purgatives are unceremoniously exhibited, which too often is only to change one cause of irritation for another. The prolonged effect of powerful cathartics upon the surface of the intestines already irritated to the highest intensity, must be anything but favourable. It is but fair to presume that copious injections of simple water would be quite as effectual, and vastly safer, inasmuch as they are more rapid in their effect, and do not remain to fret the bowels after their mission is accomplished. Their action might be assisted, if necessary, by the addition of castor oil or turpentine. If indigestible food, or an overloaded stomach excite the fits, an emetic of the sulphate of zinc should be administered. If the subject, however, is plethoric, venesection should precede the emetic, on account of the increased distension of the cerebral vessels in the effort of vomiting. Mr. Vines mentions a case of convulsions which, after resisting for two days all the usual remedies, including delivery, ceased immediately upon withdrawing from the bladder five and a half pints of turbid and highly ammoniacal urine. This case shows the necessity of attention to that organ."

It is, however, in the uterus and uterine passages, as Dr. L. observes, that reflex irritation acts most energetically and with the greatest intensity. In consequence, the question as to the propriety of delivery becomes one of importance. The rule laid down by the author is, that if the condition of the mother is perilous, and the continuance of the child in the uterus or passages will be evidently productive of more irritation than would be caused by a resort to manual or instrumental interference, then artificial delivery should be resorted to, as soon as the condition of the os uteri will permit. Dr. L. admits that this rule is indefinite, inasmuch as the conditions upon which it is based are only approximations. The amount of irritation in either case not being constant quantities, an accurate comparison cannot be made. Nor is it possible to lay down a definite rule applicable to all cases; the peculiarities of each case being such that no rule can cover them.

The two succeeding papers—the one by Dr. **Charles L. Ives**, presenting a sketch of human embryology; and the other, by Dr. L. S. **Paddock**, on the surgical diseases of the rectum—are both interesting and instructive productions. They point out, it is true, no new facts, nor give any new deductions from the facts already known; their object is simply to afford a concise and accurate summary of the actual state of our knowledge in reference to their respective subjects.

The proceedings before us close with biographical notices of Drs. W. C. Williams and John S. Peters. The latter was at the period of his death, among the oldest of the physicians of Connecticut; being born in Hebron, in that State, in 1772. He attended lectures in Philadelphia, in 1796, and settled as a physician in his native village, in 1798. His death took place in March, 1858, in the 86th year of his age. Throughout the United States there are but here and there remaining a solitary survivor of those physicians who entered upon their professional career previously to the commencement of the present century; even of those whose birth took place during the early period of the nineteenth century, but very few, comparatively speaking, survive.

3. The *Transactions of the Ohio State Medical Society*, at its meeting of June, 1857, commence with the valedictory address of Dr. Peter Allen, the retiring President. The subject of the address is the past and present condition of the medical profession in the State of Ohio, which is treated in a pleasing, lively style. This address, without being very profound or erudite, is replete throughout with good sense and the deepest interest.

The report of the Committee on Obstetrics, by Dr. J. G. F. **Holston**, discusses in separate chapters the history of midwifery in Ohio, its theory and practice; comprising a consideration of "the frequency of midwifery" and natural labour; tedious and difficult labours, more particularly in reference to ergot as a remedial agent; statistics of natural and preternatural labours; the diseases of puerperal women; and obstetrical literature and education.

In the first chapter, Dr. Holston presents a very lifelike, humorous picture, somewhat in the Flemish style, of the different species of female practitioners who first usurped the practice of obstetrics in the primitive times of Ohio, with a sketch of their several modes of procedure; for it is a historical truth that these rural priestesses of Lucina were of different sects, each having its own peculiar theories, superstitions, dogmas, and practices.

Dr. Holston would appear to be a firm believer in the possibility of a mental shock received by the mother during pregnancy, causing the fœtus in utero to be marked in a manner corresponding with the cause by which the shock was produced.

We regret to see gravely mooted, in a report to a learned society, embracing the medical talents and experience of an entire State, the question as to the power of certain impressions made upon the nervous system of the mother imparting marks of a definite, or indeed any, character upon the person of the fœtus in utero. The fact is disproved by so conclusive a chain of reasoning, that the few occasional instances of remarkable coincidences, like those adduced in the paper before us, present not the slightest valid evidence in its support. We have our doubts, also, as to "violent motions" of the limbs of the fœtus in utero being the result, as Dr. H. supposes, of impressions made upon the mother's nervous system. The sensations attributed to the movements of the fœtus before birth may certainly be rationally accounted for without the necessity of supposing that any movement whatever on its part takes place.

In respect to the employment of ergot in obstetrical practice, Dr. H. remarks: "All who admit its power consider it perfectly safe to the mother, in cases properly chosen. Not so, however, to the offspring; the majority believing that its employment increases the number of stillborn infants by a fearful rate—from fifty to one hundred per cent. even; which is by no means to be wondered at, as the contractions produced by the drug are of a continuous character, never for a moment allowing the fœtal head to recover from that compression which it must necessarily suffer in passing through the maternal pelvis. We cannot better close this paragraph than by some extracts from reports of Dr.

Gaston, of Morristown, whom thirty-one years of practice (*he never lost a mother*) renders somewhat of authority on that subject. He says: 'I have frequently employed ergot in difficult labours, and I am not aware that I have seen deleterious effects to the mother from its use; but it is far otherwise in regard to the child. Whether ergot kills the child or not, I do not know; but I *do* know that, in the majority of cases in which I have used it, or seen it used by others, the child was stillborn. So fully has my experience with it convinced me of its deleterious effects on the child, that nothing but stern necessity can induce me to use it.' The experience of Dr. Schertzer, of Massilon, deduces similar results from a practice of thirty-one years. O. D. Palmer, M. D., of Zelienople, Pa., says: 'Ergot has produced a powerful effect in every case in which I have given it, except one that was supposed to be rupture of the uterus. It has been perfectly successful in every case of placenta prævia where it was administered, causing one continued, persistent contraction of the uterus, thereby preventing flooding till all was delivered. In every case where I gave it a half hour *only* before delivery, the children were dead, and in *every other* case asphyxiated. . . . . I only use it now, and have for several years, in flooding following delivery, where I have always found it successful.'"

"I resort," says Dr. McMeens, in a communication to Dr. H., "but rarely, of late years, to the use of ergot during the process of parturition, as I believe the special indications demanding its aid are seldom sufficiently conjoined with all other circumstances to render it entirely unobjectionable. Lingering labours from uterine inertia alone are comparatively rare, and when the result of rigidity of fibre, structural resistance, or mechanical obstruction, it can only serve to aggravate or embarrass delivery in a large proportion of cases. Such has been my experience. And again, I have been disappointed in procuring a prompt display of its powers when most urgent, and subsequently experienced an explosive exhibition when no necessity for its action existed. I generally confine its administration to those cases where hemorrhage precedes, attends, or supervenes on labour. Of its possessing any peculiarly pernicious influence upon mother or child, I have witnessed no unequivocal evidence beyond the production of a severe *hysteralgia* when it had been improperly taken to procure abortion."

Speaking of puerperal fever, Dr. H. refers to the prevalence of the "black tongue fever, or malignant erysipelas," that some seventeen or eighteen years ago desolated the State of Ohio, and to the conjoint prevalence of puerperal fever. In some districts scarcely a single child-bearing woman escaped. In certain of the epidemics of puerperal fever the disease has been confined almost exclusively to the practice of a single physician. Dr. Holston was cognizant of an instance of this kind, which occurred, some years ago, in a city of central Ohio. A physician of high standing in the community was said to have lost some twenty patients in a few months, while no unusual mortality existed in the practice of his colleagues.

Passing by the short report on microscopes and microscopy, and the biographical notices of Drs. Milton Green and D. A. Fisher, deceased, members of the Ohio State Medical Society, we come to the report of the Committee on Surgery, by Dr. JOHN DAWSON.

This report presents a concise review of the present condition of surgery. It is marked throughout by good sense, and sound observation. In the perusal of it much will be found to interest and instruct. Under each of the heads into which the report is divided, especially those devoted to a consideration of the mechanical or operative department of surgery, and its scientific and pathological principles—the prognosis of operations, and the mortality attendant upon them—the alleged success of American operators, and the inquiry as to what percentage of favourable results will justify an operation, many judicious remarks and suggestions will be met with—which, if they cannot, all of them, lay claim to entire originality, are, at least, presented in a form and connection calculated to exhibit their true bearing and importance, and to impress them forcibly upon the attention of the reader. We only regret the circumstance of the entire report being of such contracted limits as to preclude the possibility of the author doing entire justice to himself or to his subject.

The next paper is "a short history of the veratrum viride," by Dr. JOHN G. KYLE.

As a remedy in all acute affections the veratrum viride is beginning to attract the attention of physicians in many portions of the United States. By most of those who have tested its curative powers, it is spoken of in terms of praise. Some believe it to be capable of superseding entirely the use of the lancet in certain of the phlegmasiæ, and of producing a beneficial impression on the disordered state of the circulation in affections in which general and local depletion are both inadmissible.

The most prominent effect produced by the veratrum is a very certain, decided, and permanent reduction of the pulse in frequency. According to Dr. K., it possesses this power over the circulation in a greater degree than any one, or, perhaps, all other remedies combined, for which the same property is claimed.

"The great duty of the physician," Dr. K. remarks, "is to subdue all diseased action speedily and with safety to the patient. We know of no article capable of meeting these indications with so much ease, certainty, and safety to the patient, as the *veratrum viride*. By its narcotic powers the pain and irritability are greatly moderated, if not relieved; by virtue of its emetic powers a sudden shock and impression is made on the system, and if a resolution or crisis is not produced, the pyretic symptoms are greatly abated; and, in addition to the general shock, there is a series of new actions and impressions excited, which are of great service in counteracting the disease, and changing the secretions and excretions. It is powerfully nauseant, thereby aiding expectoration, which in an eminent degree assists the capillaries in relieving themselves of their engorged condition."

"To recapitulate, it is actively emetic, but does not occasion a great secretion of bile, but produces free mucous or serous discharges. It induces an unusual degree of paleness and coldness—more or less moisture of the surface —a sense of great exhaustion or dissolution—occasionally a slight and pleasant delirium or hysteria. The pulse is slow, full, and distinct."

Dr. Kyle recommends a tincture of the veratrum to be made by digesting *eight* ounces of the bruised root in one pint of alcohol. Of this he generally gives, at first, ten drops for a dose, repeated every two or three hours; increasing each succeeding dose by one to five drops, until nausea, emesis, or a reduction of the pulse takes place. The size of the dose is then to be lessened, or the intervals between the doses increased, so that it can be borne. To relieve any unpleasant effects that may happen to result from the use of the veratrum, according to Dr. K., a mustard plaster to the spine and extremities—a little syrup of morphia and tincture of ginger internally, with a suspension of the use of the article, is all that is required.

"We would feel as awkwardly situated," says Dr. K., "and as much unprovided for the treatment of pneumonitis, without this article, as we would if we were deprived of cinchona and its preparations in the treatment of intermittent and remittent fevers. We are of opinion that it will prove a valuable agent in the treatment of many inflammatory affections, as gout, rheumatism, peritonitis, &c."

We find next a report on the topography, hydrography, geology, meteorology, mortuary statistics, and the endemic and epidemic diseases of Sandusky, Ohio, by Dr. R. R. MCMEENS. This is a very good report—somewhat superficial it may be on some of the important particulars embraced in it—but it presents no especial points of general interest that claim our notice.

A report from the Committee on Medical Literature, by Dr. WM. J. SCOTT, follows. A few remarks towards the close of this report, on the medical periodical literature of our country, comprise nearly the whole of it, that is devoted to the legitimate subject of the committee's labours.

The report next in order is on uterine diseases, by Dr. R. MCMEENS. It is made up chiefly of four interesting cases. One of hypertrophy of the womb, with excessive flow of the catamenia—mistaken for a case of polypus uteri.

"The novelties of this case," Dr. McMeens remarks, "consist in the nature of the exciting cause, the alternations of hyperæmia which take place, and the pathological character of the uterine hypertrophy. If it were a case of uterine polypi there should have been some manifestation of their existence before so long a period of time had elapsed, and some interruption or supervention of the menstrual profluvia as well as an aggravation instead of amelioration from active exercise. As to the other phenomena, there appears to be an undue vascular determination to the uterus, increasing its vascular capacity, and requiring an unusual accumulation of blood to be discharged at each ovulatory emission, and resulting in a degree of permanent enlargement of the organ by interstitial deposit and muscular development."

The second case is one of intractable dysmenorrhœa, commencing before marriage and continuing subsequently. Under every conceivable mode of treatment the utmost benefit derived from any was merely temporary relief.

The third case is one of intense hysteralgia excited by the use of ergot taken with a view to the production of abortion; while the fourth is one of extensive vesico-vaginal fistula, caused by unpardonable malpractice in a resort to instrumental interference merely to gain time, and the utmost want of skill evinced in the choice and application of the instrument employed.

A paper "on chloroform" is next in order. The author is Dr. R. THOMPSON, who, very properly, urges extreme caution in the employment of the article. When the chloroform produces a state approaching to asphyxia, which Dr. T. supposes to depend always on the diminished action of the heart, and the consequent inadequate supply of blood to the brain, he believes that the fatal results which are reported as having occurred, are to be attributed mainly to the want of a resort, to "the very simple and ready expedient of laying the patient down with his head lower, if possible, than his body, at the same time commencing a uniform, rather *pouncing*, operation upon the chest, which should be continued until the air-cells of the lungs are freed from the vapour, so as to admit a supply of pure atmospheric air, which is all that is necessary to restore a sufficient degree of vitality to the brain to re-establish and sustain the action of the heart, with all other partially suspended movements."

What the author means by a "pouncing" operation we are at a loss to determine. The verb "to pounce" signifies, primarily, *to seize with the talons or claws:* it is often, however, applied to the quick, sudden movement, or swoop, with which a bird of prey darts upon its victim. We cannot understand how, in either sense, it can be employed to indicate the nature of manipulations that would be calculated to relieve the lungs from any vapour of chloroform they may contain.

The paper of Dr. Thompson appears to have been called forth by the case of Mrs. Morgan, who died in Boston, according to the verdict of the coroner's jury, from the effects of chloroform. In rendering this verdict, the jury considered it to be their duty to warn the public against the use of chloroform as a dangerous anæsthetic agent.

Dr. T. believes that the death of Mrs. Morgan is to be ascribed less to the effects of the chloroform than to the neglect of the proper measures to insure her resuscitation. He deals out to the coroner's jury a merited rebuke for their officiousness in travelling beyond the strict line of their official duties to give advice to the public on a subject in relation to which they were totally incapable of judging.

A very sensible paper on moral insanity, by Dr. EDWARD MEAD, closes the strictly scientific contributions contained in the present volume of *Transactions.* It is a very sensible well written essay. We cannot say, however, that it casts any additional light upon the very obscure subject of moral insanity—in the restricted sense in which the author defines the term—namely: "a disorder or diseased condition of the moral feelings or affections, without necessarily involving any disorder of the intellectual faculties."

That cases do often occur in which insanity is observable only in one or other or several of the moral feelings or affections we are by no means inclined to deny. A number of such cases are on record, and well authenticated. We have, ourselves, met with many. Moral insanity may, in fact, be considered as one of the most common of the forms of insanity. The majority of those whom the world denominates wicked—the incorrigibly depraved and sinful—

many of "the fast young men and women" of our day, are no doubt to be viewed, strictly speaking, as morally insane.

Moral insanity "may be justly considered," as Dr. M. very properly remarks, as the most important of the mental diseases, inasmuch as it is destitute of those outward manifestations which distinguish the outbreak of other varieties, and which seem to be necessary to satisfy the scruples of the unscientific observer. In consequence of thus being unappreciated, it fails to arouse that feeling of sympathy and commiseration for its unfortunate victim, which are manifested by the humane towards those attacked with other varieties of insanity. It is often the occasion of intense suffering to the patient himself, of distressing anxiety to his friends and relatives, and of danger to the reputation, property, or life of those who inadvertently become the victims of his extravagant and unreasonable conduct.

The legal responsibility of the morally insane is a question of deep interest; it is not, however, formally touched upon by Dr. M., and we have no desire to enter now into an examination of it.

4. The *Transactions of the Belmont Medical Society* commence with an essay by Dr. J. G. Afflick, on a most obscure, but, at the same time, most important subject—mind, and its insanity. The essay occupies only twelve small duodecimo pages, printed in a large sized type; it is not to be expected, therefore, that the writer can enter very deeply or fully into a subject that has occupied the attention of some of the profoundest and clearest thinkers of past and present times. The first lines even of mental philosophy and pathology are scarcely touched upon by him.

Dr. Afflick is an out and out materialist. That man is altogether a material organization he has not a doubt. That the soul itself is a mere form of matter, must, he thinks, be conceded, according to all the principles of our reason. It would seem to him that mind is a part of the body, and as much subject to the laws which govern the latter as "the secretion of bile is of the liver." Hence, as we cannot expect healthy bile when the liver is diseased, neither can we expect healthy thought when the brain is deranged.

We shall not attempt within the restricted limits afforded by the bibliographic department of a periodical journal to examine the validity of the position assumed by Dr. A. in relation to the nature and manifestations of mind; its inherent powers, and its true relationship to the material universe, nor to inquire into the correct theory of its abnormal manifestations. To do so would be as presumptuous on our part as it was on his, to hope, within the compass of a few short paragraphs, to treat of the intellect of man and its several aberrations.

That the integrity of the mental functions are at all times intimately dependent upon the integrity of their material organ, the brain, we need not hesitate for a moment to admit. There can be no doubt that whatever deranges the physiological condition of the brain deranges, also, to a greater or less extent, the manifestations of mind, by disturbing or impeding its operations, but that no derangement of the mental operations can take place excepting as a consequence of cerebral disease, direct or indirect, is an assumption altogether destitute of any positive proof, and inconsistent with several of the forms and phenomena of insanity—while it leads to serious errors in the treatment of mental diseases generally.

The second article in these Transactions is "remarks on the medicinal virtues of the tincture of veratrum viride, with two illustrative cases," by Dr. E. Gaston.

It is in reference to the powers of the veratrum viride, as a remedy in pneumonia alone, that the observations of Dr. G. refer. In this disease he believes it to be a curative agent of considerable power, and well worthy of the careful study of the profession. In one of the cases detailed—pneumonia of the right lung—the use of the veratrum was preceded by a pretty copious bleeding, and the administration of calomel in combination with nitre and tartarized antimony. In the second case, with the exception of a few doses of nitre and an-

timony, the veratrum appears to have been the only medicine employed. Both cases terminated favourably and within four days after the veratrum was commenced with. If these were truly cases of genuine pneumonia, which, we *must say, there is great room to doubt, they speak loudly in favour of the curative* virtues of veratrum viride in that disease.

The next article is "observations on the use of ergot as a hæmostatic and abortive," by Dr. J. G. Afflick.

According to the experience of the author, not only does the ergot act well as a hæmostatic previously to delivery, but it possesses also "a supreme power" in *the control of post-parturient hemorrhages.* Whenever the system becomes fully imbued with the ergot, his observations confirm him in the opinion that there is little to be dreaded from the occurrence of flooding.

"There is *no medicine in the whole materia medica," remarks* Dr. A., "that has been so indiscriminately used as ergot. I know physicians, with whom it is the alpha and the omega" in cases of uterine hemorrhage, (?) "disregarding all *symptoms.* Such a blind practice is certainly very censurable; and, of a consequence, in the long run, must be productive of much mischief; for I hold it as an incontrovertible axiom, that, in midwifery, where labours are natural, the less you interfere the better. Other physicians tell you that in all cases, ergot is sure death to the child. This is not my experience. I have given it in every form, and under all circumstances, and I feel warranted in saying that the charge of infanticide, from this cause, is groundless. I would agree that where the system of the mother has become saturated with the medicine for a long time—where she may have taken it as her daily bread, that injurious effects may be produced, tending to the destruction of herself and fœtus; but that a few doses, or that a continuation of it for two or three days will bring forth a stillborn child, is, with me, a ridiculous assertion. I say this after thirty years' experience with the drug."

Now, one of two things is very evident, either we do not understand Dr. A., and it is certain that his language is none of the clearest, or Dr. A. does not understand the true grounds upon which all experienced obstetricians object to the use of ergot as a facilitator of labour, excepting under particular circumstances. That a resort to ergot in cases and at a stage of labour unadapted to its use is calculated to produce much and serious mischief, including even the destruction of the child, has been proved beyond the possibility of doubt.

As an abortive during the early, and even to a somewhat advanced period of utero-gestation, we have not the slightest confidence in the ergot. With Dr. A. we have known it, in several instances, to be taken for the purpose of causing abortion in large and repeated doses, for days at a time, without its producing the slightest effect upon the uterus, the woman passing through her pregnancy without accident, and being delivered at the proper time of a strong, healthy child.

We are next presented with reports by Drs. Campbell, Estep, and McBane, of the case of a young man between sixteen and seventeen years of age, whose leg was amputated on account of a tumour. The so-called tumour consisted in a very great enlargement of the entire left leg and foot, but most prominent at the upper five or six inches of the limb. The swelling, the surface of which was irregular or lobulated, had a doughy or cheesy feel. The cuticle was covered with numerous small vesications, and of a pale pinkish hue, and rather cool and clammy. Intense pain was experienced by the patient along the shaft of the tibia to the ankle; the pain being increased by motion.

In the course of eleven days the tumefied limb was less warm, of a darkish-brown in some places, and in others of a leaden hue. At the seat of an incision, which had been made some time previously in the tumour, sphacelus had commenced. The patient was greatly emaciated; his lips blanched; his pulse very frequent, small, and feeble; his tongue slightly coated; his bowels inclined to diarrhœa; his appetite moderate and failing.

Amputation was decided upon as presenting the only probable means by which the life of the patient could be preserved. It was accordingly performed under the influence of chloroform, and at the end of thirty-three days subsequently the patient was, to all appearance, entirely well. On the sixty-first day after the operation the patient, in consequence of very imprudent exposure, took cold, pneumonic symptoms set in, and, at the end of twenty-seven days, death took place.

An incision down the anterior tibial surface of the amputated leg to the bone gave escape to about three pounds of a dark, muddy-coloured, sero-purulent fluid, while a longitudinal incision through the posterior muscles of the leg laid bare a number of cavities, some filled with the same kind of fluid as above, and others with laudable pus. In cutting through the deep-seated muscles a large sac was opened containing some three or four pounds of coagulated blood, with some light-coloured fibres running through it. The coagulum had an irregular or lobulated form, and very much resembled, according to Dr. Cobb, a hog's brain, in colour, shape, and size. At its upper and inner part were several portions of sequestrum, one side of each having a worm-eaten appearance.

In consequence of the very loose, superficial, and unscientific account which is presented of it by all the gentlemen connected with this case, it is impossible for us to arrive at any positive or satisfactory conclusion as to the true character of the disease with which the amputated limb was affected. Of the propriety of the amputation we think, however, even judging from the very imperfect description of the pathological appearances with which we are furnished, there cannot be a doubt.

The report on "the improvements in medical science," by Dr. Wm. Estep, which is next in order, presents a concise summary of a few of the more recent additions made to our therapeutical agents. It requires no particular notice.

The remainder of these Transactions consists in an account of a trial of a mother for child murder, and another of a trial of a medico-botanical practitioner for mal-practice. Neither presents any points of especial interest.

The murder of the child, after it had been born and breathed, by an incision with a cutting instrument from ear to ear, and down to the vertebræ—dividing the trachea, muscles, œsophagus, arteries, veins, and nerves of the neck—appears to have been proved beyond the possibility of doubt; as well, also, as the privity and consent of the mother to the murder, even if she did not herself commit it.

The defence of the prisoner was based mainly upon the plea of unaccountability, because of her insane state of mind both before and subsequent to the birth of the child. We confess that the evidence in proof of such insanity strikes us as particularly loose and inconclusive. The plea of insanity is now advanced in almost every case of felony brought before our courts; it is all important, therefore, that the evidence presented in its support should be clear, positive, and conclusive, so that the ends of justice shall not be frustrated, on the one hand, by the clearance of the guilty on a false plea of moral unaccountability, nor, on the other, the cause of humanity wounded by the conviction of those whose mental condition is evidently such as to render them guiltless of any premeditated and malicious act.

The verdict of the jury in the case just referred to is a curiosity of its kind. They find unanimously: "1st. That the prisoner was not proven guilty beyond a reasonable doubt; 2d. That the probable hypothesis was that the husband of the prisoner committed the murder; and 3d. That if the prisoner was the murderer, she was not of sane mind at the time the act was committed." They, therefore, returned a verdict of "not guilty."

The most remarkable feature in the second case is, that the jury actually found the medico-botanical practitioner guilty of mal-practice, and mulcted him in damages to the amount of three hundred dollars. D. F. C.